#

Name (print)

Protecting Doogliss Cooperation of the Cooperation of th

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
BRUCE Thousant Line Po. Box 1700 DAYTON, MO 89903	6/18/0 <u>8</u>	RSSO	
Bruce Climbournes Line P.C. Rey 1700 DAYTON, NU 89403	Wisher	RSTO	V.
Marsha L. Tomenlia F.o.B.m. RBRO Mindon, NO E9423	7/25/02		
		1	

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PAGE 2 OF 8

Vame (print)

Protocting Douglas Courty
Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	J

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^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

#

Name (print) Promoting Douglas Courty

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
RyAN BENDA 6750 Morgan Hill St. Rome, NO 87523	H	8/7/02	.393
Rymo Donon 6950 Mayno AM St. Romo NU 89583	\mathcal{C}	8/2/02 8/9/04 8/10/02	304 101 90
Rynn Kom n 6950 Marynoth, 11 Ct. Remo, NO 89523	E	7/24/02 8/2/02 8/1/02 8/15/02	598 382 353 353

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	Tropserry	100	FLAS COUNT	د.
Name (print)		Office	(if applicable)	Ţ

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
<u> Хот Ар</u>	plicable	NONE		

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PAGE <u>5</u> OF <u>8</u>

Name (print) Protocting Douglas County
Office (if applicable)

District (if applicable)

IN KIND

Contributions of \$100 or Less

DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION
NOT ADD	licable - NONE	
77 <u>-</u> -		
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Report Period

#	/
	/

Name (print)

Protective Dougling Count

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
NONE -	N	ot Applicab	Vc

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page 7 of 8

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses of \$100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE
NONE	Not Applica	i/e
71.		

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Prescribed by Secretary of State NRS 294A.120, 294A.140, 294A.150 294A.200, 294A.210, 294A.220, 294A.362

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